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THE IMPLEMENTATION OF THE HUMAN RIGHTS OF WOMEN

TRADITIONAL PRACTICES AFFECTING THE HEALTH OF WOMEN AND CHILDREN

Follow-up report of the Special Rapporteur on traditional practices affecting the health of women and children,
Mrs. Halima Embarek Warzazi

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INTRODUCTION

1. At its forty-seventh session, following the submission by the Special Rapporteur, Mrs. Halima Embarek Warzazi, of her preliminary report, the Sub-Commission adopted resolution 1995/20, in which it called on all States, United Nations bodies and organs, relevant specialized agencies, as well as non-governmental organizations and grass-roots movements to implement the Plan of Action for the Elimination of Harmful Traditional Practices Affecting the Health of Women and Children (E/CN.4/Sub.2/1994/10/Add.1 and Corr.1) and to inform the Special Rapporteur of the progress achieved and the obstacles encountered in doing so.

2. In her preliminary report, the Special Rapporteur assessed experience of traditional practices throughout the world, taking into consideration particularly the conclusions and recommendation of the two regional seminars which were held in Burkina Faso (E/CN.4/Sub.2/1991/48) and Sri Lanka (E/CN.4/Sub.2/1994/10 and Corr.1).

3. In its decision 1997/108 of 11 April 1997, the Commission on Human Rights endorsed the decision of the Sub-Commission, as contained in its resolution 1996/19 of 29 August 1996, to extend the mandate of the Special Rapporteur for a further two years in order that she might follow up and monitor developments in the situation.

4. The Commission's decision faithfully reflects the desire of the international community to combat such practices. At the time of writing, the Special Rapporteur had received information from the Governments of: Colombia, Cyprus, the Czech Republic, Guinea, Iraq, Kiribati, Mauritius, Mexico, the Netherlands, Niger, Palau, Peru, San Marino, Spain, the Sudan, Sweden, Thailand, Turkey, Ukraine, Uruguay and Uzbekistan.

5. Replies have also been received from the Division for the Advancement of Women, the Economic and Social Commission for Asia and the Pacific, the Economic Commission for Latin America and the Caribbean, the Committee for the Elimination of Discrimination Against Women (CEDAW), the Office of the United Nations High Commissioner for Refugees, the United Nations University, the World Health Organization, the United Nations Children's Fund, the United Nations Educational, Social and Cultural Organization and the United Nations Population Fund.

6. Information was also received from the Inter-American Commission of Women of the Organization of American States, the International Federation of Red Cross and Red Crescent Societies, and from the following non-governmental organizations: All Pakistan Women's Association, Asian Mass Communication Research and Information Centre, Commonwealth Medical Association, Arab Council for Childhood and Development, Council for International Organizations of Medical Sciences, International Council of Nurses, International Federation of Human Rights Leagues, International Federation of University Women, International Federation Terre des Hommes and Victim Support, Invandrarförvaltningen, International Human Rights Law Group, International Planned Parenthood Federation, Minority Rights Group and the World Movement of Mothers.

7. The Special Rapporteur notes the little interest shown by Governments in the requests for information that had been addressed to them. As in the previous year, only some 25 replies were received concerning the implementation of the Plan of Action - very few of which hailed from the Governments of countries directly concerned by these practices - while the very question of female genital mutilation is arousing ever-growing interest among the general public.

8. Mention should, however, be made of the welcome attention and broad publicity given by major media organs, including Le Monde, Radio France Internationale, the BBC and the Voice of America, to the final report (E/CN.4/Sub.2/1996/6) which the Special Rapporteur submitted in August 1996. That contribution which seconds the tireless efforts of the NGOs, is all the more appreciated as the struggle against the attitudes and deep-rooted customs and traditions of the societies in question is proving particularly arduous.

9. This is borne out by certain negative reactions noted over the past year, either through surveys conducted in the countries concerned or by demonstrations held by the persons directly involved in upholding these practices.

10. According to a demographics and health study conducted by the National Population Council of the Egyptian Ministry of Health in 1995, 82 per cent of women are in favour of excision and consider it a "good" tradition whereas 13 per cent are against it and 5 per cent have no clear opinion on the matter. Among women having graduated from secondary education, support for excision falls to 56.5 per cent as against 93.1 per cent among those with no schooling. It is interesting to note that women opposed to excision justify their refusal by the fact that it is a "harmful tradition" that flies in the face of religion or detracts from the dignity of womanhood. Nevertheless, the fact that eight women out of ten among those interviewed were in favour of excision proves that much remains to be done to overcome the obstacles.

11. The key undoubtedly lies in education. Indeed, a Somali circumcision practitioner was recently reported as saying that "We make money from this trade. So we shall stop only if we can earn a living in some other way. Give us another job and a better education and we would be able to wave farewell to excision".

12. That declaration also confirms one of the recommendations of the Plan of Action, which was to find the circumcision practitioner an alternative occupation. On 4 March 1997, a very worrying news item appeared in the Shark El Aussat newspaper. According to that article, over one thousand 4 to 5-year-old girls of the Bundo sect of Sierra Leone had been held captive by the circumcision practitioners of that sect for over a month because the parents had not paid the mutilation fee of $3. Until that sum was paid, the girls would not be returned to their parents.

13. It should also be mentioned, again in Sierra Leone, that thousands of women of the Bundo sect had demonstrated to express their anger at a statement made on the radio against excision and the ills resulting therefrom.

14. In a communiqué published in mid-September 1996, the Australian branch of the Anti-Slavery Society announced that over 30,000 girls were enslaved in West

Africa, at times from as young as 4, and were subjected to hard labour, hunger and even violence and rape. These mites, who are the victims of a tradition going back to the seventeenth century, are surrendered to religious chiefs or witch-doctors as "fetish" slaves, often as penance for some bad act committed by members of their families - generally men. According to that NGO, the only way to free those slaves is to buy them out and appeals are being made to the Australian public for funds to help to that end.

15. A long article was also devoted to this subject in the Herald Tribune of 22 January 1997; according to the author, the practice of "Trocosi" girls, or those delivered into the "slavery of God" exists in Ghana and extends into Togo, Benin and South-east Nigeria. Even though individuals and groups in Ghana have met with some success in convincing priests to put an end to this practice, persons familiar with this problem consider that, given the religious nature of the practice, it will take a long time for changes to have any effect. In any case, there is no doubt that this is a massive and flagrant violation of human rights to which Governments cannot turn a blind eye.

16. The Herald Tribune deserves commendation for publishing several very well-documented articles on female genital mutilation in 1996. One of the problems raised was that of refugees and immigrants that had settled in the United States of America. Even though the tradition was considered a federal crime in 1966, the United States Health authorities and social workers considered that to put an end to genital mutilation practised by a small but growing African population would take more than the simple enactment of a law. It would be necessary to change mentalities.

17. It should also be noted that the Women's International Network of America has devoted major studies to this subject in its "WIN News", which covers especially matters of interest to women throughout the world. The autumn 1996 issue contains over 13 pages on female genital mutilation based on information gathered in various Western and African countries.

18. Certain universities are beginning to take a closer look at the problem. In early January 1997, for example, a lecturer from the Swiss Institute of Comparative Law sent the Special Rapporteur a questionnaire that was to serve as a basis for a book on male and female circumcision. In her reply, the Special Rapporteur made a point of mentioning that the circumcision of male children did not concern the United Nations as only female circumcision was deemed a harmful practice to be eradicated. Consequently, it would seem inappropriate to consider under one head both female circumcision which is harmful to health and male circumcision which has no undesirable effect and it even considered to be beneficial.

19. On the subject of refugee status being granted to women fleeing female genital mutilation as mentioned by the Special Rapporteur in her final report, note should be taken with satisfaction of the initiative taken by the Office of the United Nations High Commissioner for Refugees in September 1996 when it assembled the representatives of 16 Western countries in Geneva to draw the attention of the authorities responsible for awarding refugee status to the problems specific to women and which differ from the generally recognized forms of political persecution. The participants said that, in certain circumstances,

sexual mutilation, the transgression of certain social codes, rape and sexual torture, forced abortion, mandatory family planning and family violence could be considered forms of persecution.

20. With regard to traditional practices relating to pregnancy, it is known that each year over 1 million women die from the consequences of a lack of proper care, medical supervision or emergency help in dangerous situations.

21. At the First World Congress on Maternal Mortality held in Marrakesh in March 1997, Dr. Daniel Feinstein, President of the World Society of Labour and Delivery, said that for every woman who dies, 30 are fated to suffer all their lives in silence from various after-effects of delivery for fear of being divorced or deserted by their husbands.

22. These figures, according to Dr. Feinstein, are but the tip of the iceberg of female suffering of which the world is in ignorance. Governments must absolutely assume their responsibilities for protecting women before, during and after pregnancy. WHO, and to a certain extent UNICEF - that is to say, the institutions most appropriate for evaluating Government health policies - and the international community as a whole must, in their defence of human rights, closely follow Government activities in this respect. The Committee on Economic, Social and Cultural Rights and the Committee for the Elimination of Discrimination against Women must make this matter one of their priorities.

23. The Special Rapporteur has not yet received information concerning measures taken to counter the practice of giving preference to children of one sex rather than the other in the countries concerned (of which there are many) and this practice seems to be continuing unabated.

24. According to a study published in the Herald Tribune on 15 January 1997, the number of women in the Republic of Korea that abort is such that the Director of the Korean Institute of Health and Social Affairs stated that "We are going to have a shortage of girls and will have to import them from abroad". As if girls were goods, comments the Special Rapporteur. This problem will, sooner or later, affect other countries in the region if no solution is found for this preference for male children. Indeed, in some countries the ratio stands at 116 or even 118.5 boys to 100 girls.

25. One of the criticisms that the United Nations Regional Seminar on Traditional Practices Affecting the Health of Women and Children, which took place in Colombo in July 1994, made in this respect was levelled at selective abortion and the ever-growing number of clinics equipped with means for detecting the sex of the foetus in countries where there is an overriding preference for male children as in India, for example. The Special Rapporteur has learned that a step has been taken in the heart of Europe that is likely to confirm this traditional practice. For, in early 1997, it was announced that a British paediatrician, one Dr. Paul Reizenburry, who runs a private clinic in Essex in the United Kingdom, had perfected a technique for predetermining the sex of a child according to the parents' wishes on payment of between £800 and £1,000. Dr. Reizenburry has decided to transfer his technology to Italy where, he claims, the laws are less strict. He foresees this procedure being very popular in the Middle East because of the sociological traditions that set greater store by male children in order to guarantee the line of descent.

26. The Special Rapporteur would very much like legislators, wherever they may be, in their wisdom to be able to enact laws which, while being based on considerations of a moral nature, could counter any form of discrimination against women and those who will grow up to become women.

27. Finally, the Ethiopian Press Agency (ENA) reported in May 1997 that six girls of the Woreda tribe in eastern Ethiopia had committed suicide to avoid "abusuma" or traditional marriage between cousins. Most of the victims of this tradition, who are about 15 years old, prefer death to being married off to 80-year-olds, as the ENA news item confirms. Others have refused this sort of marriage that they consider a sort of "women's slavery". Moreover, the Committee on the Rights of the Child, at its January 1997 session, expressed its concern about the early marriage of children in Ethiopia.

28. This information, which is aimed at offsetting the absence of reactions from the countries in which harmful traditional practices affect the health of women and children under their jurisdiction, gives some idea of the vastness of the task being tackled by the international community despite the undeniable progress made to date. Having clearly made this point, the Special Rapporteur can now proceed to analyze the replies received.

ANALYSIS OF INFORMATION PROVIDED

A. Replies from States

Brazil and Cyprus

29. The Governments of Cyprus and Brazil state that their countries do not have traditional practices (including mutilation) affecting the health of women and children.

Canada

30. The Government of Canada sent the Special Rapporteur very detailed information on the implementation in Canada, both nationally and internationally, of the Plan of Action for the Elimination of Traditional Practices Affecting the Health of Women and Children. Canada recently adopted legislative and other measures to put an end to these practices. A specific law addresses female genital mutilation (FGM), which has been declared illegal.

31. Four nation-wide federal departments are responsible for addressing the issue of harmful practices affecting women and children. Health Canada, the Health Department, assumes the lead on issues relating to FGM. It chairs the Inter-Departmental Group on FGM which has been active for three-and-a-half years. This working group, which comprises representatives of the Departments of Justice, Status of Women, Canadian Heritage, Citizenship and Immigration and Human Resources, ensures a co-ordinated approach to federal action addressing FGM. In 1995, this group held consultations with the members of communities concerned in order to determine the most appropriate ways in which to educate the public about Canadian criminal law, health risks and cultural and religious issues relating to FGM and to provide recommendations regarding measures that the Group could take to ensure that the practice of FGM does not occur in

Canada. In the light of those recommendations, the Inter-Ministerial Working Group developed a workshop module addressing FGM that is to be used for training in community workshops across Canada. This module addresses all aspects of the problem of FGM. In its approach, it is very sensitive to the age, experience and faith factors of the members of the communities concerned. It also deals with the negative consequences of FGM.

32. The Federal Government has also launched a project to determine the information needs of health-care providers serving women and children who have had FGM performed on them.

33. Internationally, the Canadian International Development Agency (CIDA) is very active in its approach to the elimination of harmful practices. It actively supports United Nations resolutions calling for the elimination of harmful practices affecting the health of women and children. It considers the definition of harmful traditional practices to be broad and that there are differing approaches to addressing the problem in the various countries and regions where CIDA works.

34. CIDA respects local culture and considers it essential to work with local partners in countries where traditional harmful practices are common as well as with international and Canadian NGOs that support groups working locally.

35. CIDA addresses traditional practices in two ways:

(i) Indirectly, through policies and programmes which generally advance the status of women and girls to contribute to creating conditions conducive to the eradication of harmful traditional practices;

(ii) Directly, through specific programmes which support the initiatives and efforts of those active in developing countries in eliminating traditional harmful practices where they are common.

36. CIDA considers that these practices are intrinsically related to the role and status of women. Thus, efforts to promote gender equality can provide a solid foundation for the elimination of such harmful traditional practices.

37. CIDA considers, moreover, that the problem of violence against women is addressed as a human right and that special attention should be paid to promoting the rights and meeting the health, educational and nutrition needs of the girl child. CIDA activities also seek to improve access to and improve the quality of health services.

38. The Special Rapporteur notes that several countries of South America, the Caribbean, Africa (Kenya, Mali, Egypt, Morocco, Ivory Coast, Nigeria, Senegal and Burkina Faso) and Asia (India, China and Indonesia) receive assistance from CIDA.

39. The same is true of a number of national non-governmental organizations, specialized agencies, United Nations agencies and international non-governmental organizations.

40. Finally, the Special Rapporteur notes with interest, among the many activities of the CIDA, the Action Programme against Female Infanticide in the Salem District in India, the Adolescent and Gender Programme in Egypt which focuses on minimum marriage age and financial programmes targeting abandoned women in Nigeria.

41. In this connection, CIDA states that, in many countries, traditional practices are harmful to the health of widows who are condemned to solitude, a lack of health care, deficient nutrition and violation of their inheritance rights.

42. The Special Rapporteur notes with satisfaction the positive commitment of the Canadian Government and the CIDA as shown by the activities described above.

Sweden

43. The Gothenburg Municipal Council has, through its Immigration Service, submitted a succinct but very interesting report addressed to all those working to eliminate female genital mutilation (FGM) in Western countries and with whom the Swedish authorities have contact in order to share with them their experience of the subject.

44. In 1982, Sweden declared FGM illegal by a specific law.

45. Of the many activities conducted against the practice, the Special Rapporteur notes the pilot project implemented by the Immigration Services of the city of Gothenburg from April 1993 to 1996 and then extended from September 1996 to August 1997. The objective of the project was to organize preventive work to stop girl refugees from Africa who were living in Sweden from being mutilated and to provide medical, psychological and sexual assistance for women who had already been mutilated during pregnancy and delivery. Those responsible for implementing the project had been carefully selected and they acted with great flexibility, bearing in mind the respect and understanding that needed to be shown for the culture of the women and their families. They, at the same time, had to take effective measures to prevent the pursuance of that tradition.

46. Of the activities envisaged by the pilot project, there are training days for the professionals concerned, the drawing up of directives for medical staff and social workers, measures to make the mass media more aware of the problem and the compilation and translation into Swedish of educational material. One of the positive points noted on completion of this project was that the question of FGM is beginning to become part and parcel of ordinary professional activities. Continuous training and information, however, remain necessary. In autumn 1996, a network of professionals who had participated in the pilot project was set up as part of the effort to combat FGM.

47. The Swedish experience led to the conclusion that most Somali men have very little awareness of female genital mutilation. When they are informed of how young girls are excised and of the physical and mental consequences of the operation, they adopt a much harder attitude than women against FGM, from which it may be concluded that the role of men in eradicating FGM can be important.

48. The impact of education, information, radio and television programmes and the many newspaper articles devoted to the problem is indicative of the change in attitude of people concerned by the practice.

49. The Swedish report contains a number of recommendations to all those struggling against FGM. It is an excellent contribution from Sweden, worthy of special mention.

Spain

50. The Government of Spain informed the Special Rapporteur that the Institute for Women is actively working to enhance the health of women through programmes aimed at developing preventive measures likely to improve indicators such as prenatal morbidity, family planning and reduction of prenatal mortality.

51. In the area of health education, efforts have been made to improve the education of women through teaching materials, the training of professionals and women's associations dealing with subjects such as pregnancy, maternity and paternity, transmission of sexual diseases, AIDS and gynaecological consultations.

52. The creation of "Youth family-planning and sexuality centres" has contributed greatly to health education because these centres deal with the problems of sectors of the community which, although needing help, do not turn to health centres.

53. The Institute for Women also promotes health care among groups of disadvantaged women such as prisoners.

54. Moreover, in accordance with the objectives set forth in the third Plan for Equality of Opportunity between Men and Women, a study was conducted to determine the health needs of women and to evaluate the health services provided by the national health system so that improvements to the system could be proposed. The most important of the objectives of the Plan are:

To support preventive and prenatal programmes;

To conduct ever-more sweeping health education campaigns aimed at women;

To co-operate with the national AIDS plan in developing prevention programmes;

To participate in developing Act No. 31/1995 on the prevention of work-related risks in order to promote the improvement of the health and safety of pregnant or nursing women.

Argentina

55. The Government of Argentina provided the following information.

56. True to the commitments that it entered into at the World Summit for Children, the Government has set up a nation-wide "National Commitment to Mothers and Children", the "National Plan of Action" and the "Federal Convenant

for Mothers and Children", to which all Argentine Governors subscribed in March 1994. These documents set the goals to be attained by the year 2000 and the activities to be pursued to this end.

57. Likewise, the Argentine Congress in 1990 ratified the Convention on the Rights of the Child, which has passed into law through Act No. 23,849. This Convention has constitutional standing and has been embodied in article 75 of the new Argentine Constitution. Hence, states the Government, "in the past, not respecting children's rights was an aberration, today it is 'inadmissible'".

58. The Convention on the Elimination of All Forms of Discrimination against Women, ratified in 1979, also has constitutional standing. It thus provides a universal ethical framework whose objective is to permit women to attain full enjoyment of their citizenship.

59. The Constitution guarantees, inter alia, the following values governing Argentine society:

> The right to life and respect for the dignity and integrity of the human being;
>
> The right to education, health, justice, work and the protection of that right as well as to the essential function of the family;
>
> The right to equality for all "men".

The Special Rapporteur interprets the term "men" as referring in this context to "human beings". These values are mentioned in relation to the recommendations made in the Plan of Action for the Elimination of Traditional Practices Affecting the Health of Women and Children.

Burkina Faso

60. According to the Government of Burkina Faso, which sent the Special Rapporteur copious information on harmful traditional practices, such practices are so common that they are completely integrated into the systems of beliefs and values to such an extent that millions of women are obliged to accept such injustices and violations of their basic rights. Nowadays, female genital mutilation, generally called excision, is and continues to be an ever-more disturbing social blight in African countries where it is very common. Burkina Faso, as so many other African countries, remains in the grip of this cruel, degrading and demeaning practice for women and girls.

61. On first arriving in Burkina Faso, the Catholic missions became concerned by the question of excision but had to soften their position in response to social pressure. Activities marking the start of the effort to combat these practices began in 1975. The subject was discussed on the radio in denunciatory and sharply critical tones.

62. The national conscience had at last been challenged. Women's associations made their voices more frequently heard, so much so that, in 1985, the pall of silence was finally lifted at African Women's Day when it was decided to organize a national discussion of the practice of excision.

63. The conclusions of that Day in May 1988 and the activities undertaken led to the creation, in 1990, of an institutional framework to wage the struggle under the title "National Committee for Combating the Practice of Excision" (CNLPE). This bears witness to the commitment and determination of the Burkina Faso authorities to fight to eradicate this practice which affects the health of women and more particularly girls. The Committee is an inter-ministerial structure under the wing of the Ministry of Social Action and Family Matters and is directly answerable to the Minister's Office but with freedom of administration. It comprises representatives of other Ministries, NGOs, professional women's associations, youth movements, traditional and religious authorities and the human rights and peoples' movement. The wife of the Head of State is the Honorary President. It is decentralized into 30 provincial committees and, in December 1996, it was given a permanent secretariat to handle daily business, implement the plan of action, co-ordinate with other parties active in the sector and follow up and evaluate the work being done.

64. To succeed in the mission entrusted to it, the Committee has decided:

To integrate information, education and communication (IEC) activities for all social classes;

To work together with all institutions that can help in combating the practice of excision and to keep in regular touch with their members;

To decentralize the structure by setting up provincial committees and identifying resource persons;

To conduct research into the problems of excision;

To supervise, follow up and evaluate activities.

65. In accordance with the Three-Year Plan of Action adopted by the Council of Ministers, the Committee will essentially base its activities on:

Awareness campaigns;

Training campaigns;

Supervision.

66. Consciousness-raising though IEC activities is the Committee's preferred method. To this end, lectures, discussion groups, radio and television programmes, the Forum Theatre and songs have been used.

67. The constitution of a small documentation centre will make for the better distribution of information and help research.

68. IEC training on excision aims not only to improve the knowledge of the persons involved in the struggle but especially to strengthen the skills of the resource persons and relay persons for greater effectiveness in the field.

69. Each year, nation-wide supervisory trips are organized in order to take stock of the activities of the provincial committees and also to evaluate the impact of the action taken in order to make the necessary rectifications.

70. In its efforts to spread its influence, the Committee is developing consultation and co-operation with other health and education bodies. Educational meetings, meetings with principals of secondary schools and teachers are held to deal with the matter of excision. A project is currently being negotiated for including the subject of excision in the curricula of primary and secondary schools and vocational training establishments.

71. The Committee has undertaken intense lobbying to bring the matter to the attention of as wide a domestic and international audience as possible. Domestically, this has taken the form of a close-knit association of the Committee with political entities, the traditional and religious authorities and the entities working to improve women's and children's health (NGOs and women's associations), development partners such as the World Bank through its Population against AIDS Project (PAAP), the Netherlands Embassy, the Danish Embassy, UNICEF, WHO and OXFAM/Quebec whose financial and logistic support enable the Committee to carry out its activities.

72. Internationally, the Committee has participated in regional and world conferences and has organized meetings in Ouagadougou, Burkina Faso.

73. The Committee has also equipped the permanent secretariat and the provincial committees to combat the practice of excision.

74. The Committee has:

Carried out a vast awareness campaign conducted by the provincial committees;

Run a project for young people involving excision IEC training, a football cup, volleyball and radio competitions;

Trained the members of 21 provincial committees and 450 resource persons in excision IEC;

Identified and conducted a census of female circumcision practitioners in preparation for the holding of two national seminars for them.

75. Prospects. Over the short and medium term, the Committee intends, inter alia:

To set up 15 provincial committees in the 15 new provinces created as part of the administrative decentralization;

To set up an operating theatre to repair the damage caused by excision;

To create an operational research unit;

To make a documentary film on excision;

To set up a regional network for identifying out information activities.

76. Shortcomings and difficulties. Burkina Faso draws the attention of the Special Rapporteur to the difficulties encountered. They relate particularly to the socio-cultural shackles that seriously hinder the struggle. To this should be added the negative action of certain health workers who perform excisions, the behaviour of certain intellectuals who have excision performed on their little girls, the under-equipment of the provincial committees and the mobility of their members.

77. Nevertheless, among the progress made, the Government of Burkina Faso notes:
Broad and improved information of the community about the ills of excision;

The total commitment of the traditional and religious authorities to the struggle;

The involvement of ever-more young persons and women in the struggle;

The permanent support and backing of the Burkina Faso authorities and development partners for the work of the Committee.

B. Replies from United Nations specialized agencies and bodies

UNESCO

78. As part of its activities for the elimination of harmful traditional practices, UNESCO has introduced the following programmes:

An interdisciplinary project entitled "Towards a Culture of Peace (Cultural pluralism and international dialogue)". This project is for disadvantaged groups such as women and children and, by granting them access to education, it aims to make them more self-confident and less dependent on and isolated from other groups and communities.

The second project comprises a series of preventive programmes against AIDS and HIV. Through a series of regional seminars for educational policy and decision-makers followed by teacher-training and curriculum renovation, the UNESCO Section for Preventive Education is mobilizing Governments to integrate education for the prevention of AIDS and HIV into the school curricula of their countries in order to help girls and young women protect themselves against this scourge.

79. Similarly, although both formal and non-formal health education includes the protection of women and children, UNESCO recognizes that it has been difficult to monitor the impact of that education on the elimination of traditional practices such as FGM. Nonetheless, it has undertaken to transmit forthcoming relevant information on the matter.

WHO, UNICEF and the United Nations Population Fund

80. WHO, UNICEF and the United Nations Population Fund, in April 1997, published a joint communiqué appealing to the international community and world leaders to support the elimination of FGM.

81. The three organizations announced that they had agreed on a plan to reduce the incidence of this practice over the next 10 years and to eliminate it totally over three generations. To that end, they would be favouring a multi-disciplinary approach and would create a working team both in countries where FGM is practised and at the regional and global levels. That team would involve Governments, political and religious institutions, non-governmental organizations and financing agencies in a joint effort to eradicate the practice.

82. The basis for co-operation at the country level would be a series of national inter-agency teams supported by the international organizations. The Special Rapporteur notes with satisfaction that the task assigned to those teams draws freely on the Plan of Action.

World Health Organization

83. WHO has sent the Special Rapporteur various documents dealing with female genital mutilation for the years 1994-1995 and 1996.

84. WHO activities in 1996-1997 include especially:

The holding of a workshop on sexual mutilation in Abidjan from 5 to 7 December 1996;

A study of the behaviour and attitudes of persons, families and communities in order to determine what prompts and influences the practice of sexual mutilation.

Moreover, WHO is to collect and disseminate, through its regional offices, data published on mutilation and it will draft technical documents on the subject.

85. WHO recommendations on national policies and legislation include:

Considering possible local effects when devising policies;

Ensuring that policies have clear goals, targets and objectives and an implementation schedule;

Focusing policies on prevention and readaptation, with special stress on briefing and providing information on the practices;

Education and communication and the avoidance of any legitimized institutionalization or "medicalization" of any type of sexual mutilation;

Consulting the various groups concerned when preparing and enacting laws in order to take account of sensitivities on the subject. But legislation alone will not suffice. It must be accompanied by appropriate information, education, communication and other activities;

Looking to have professional laws and codes proscribe sexual mutilation and the participation of any health professional in such practices in any place whatever, be it a hospital or any other health establishment.

United Nations Population Fund

86. On 28 May 1997, UNFPA held a World Population Day on the theme "The Right to Choose - Reproductive Rights and Health". For the first time in an official document, the UNFPA condemned "all forms of mutilation of the female genital organs".

Committee for the Elimination of All Forms of Discrimination against Women (CEDAW)

87. CEDAW reported that, in 1990, it had adopted general recommendation No.14 on "feminine circumcision and other traditional practices affecting the health of women and children", in which Governments were recommended "to take appropriate and effective measures to eliminate the practice of FGM".

88. When CEDAW prepared its conclusions and recommendations for countries where such a practice exists, one of the recommendations referred to the effective measures that Governments must take to eliminate the practice. Similarly, Governments are called on to provide detailed information on the subject.

89. The Chairperson of CEDAW expressed a wish to exchange views in writing with the Special Rapporteur in order to look into the possibilities of more effective action.

C. Replies from non-governmental organizations

90. Some NGOs have stated that, although harmful traditional practices are not among their concerns, they would nonetheless like to follow developments in the matter.

91. The All Pakistan Women's Association considers the main reason for the subjugation of women to be their ignorance and that it is necessary to overcome this by programmes to eradicate illiteracy.

92. The Minority Rights Group has carried out several studies of FGM and has published a book called "Cutting the Rose".

93. The International Human Rights Law Group has published two documents, one on FGM and the other on discrimination against women as a violation of human rights. The document on FGM, prepared for the Beijing Conference (1995), provides a good analysis of the commitments contracted by the States Parties to the Convention on the Rights of the Child and by those that have ratified the African Charter on the Rights and Welfare of the Child adopted by the Organization of African Unity (OAU) in July 1990. It should be noted that one of the conclusions of the document is that Governments, intergovernmental organizations and human rights groups should give priority to persuasion campaigns and programmes which, by propagating advice, aim to discourage the practice.

94. The laws that Governments should enact to eradicate FGM should, if results are to be positive, be prepared with great care and in consultation with women's associations and human rights defence groups. In this way, anti-FGM activities

must concentrate on more programmes and a minimum of penalization. Only in extreme cases should the law punish individuals.

95. The World Movement of Mothers has voiced its concern at the fact that FGM has for many years been practised in Western countries in which immigrants settle. It considers that those responsible for such practices should be sought out and severely punished in countries where the practice is illegal.

96. It suggests that the Special Rapporteur should concentrate especially on these cruel practices taking place in European countries and that she should insist that their laws be respected. Non-respect of these laws, according to this NGO, is due to a mistaken idea of respect for different cultures. However, this is not acceptable when mutilation, sickness, traumatism and sometimes death of women and children result. The NGO proposes that the Commission on Human Rights request that European countries prosecute and impose exemplary punishments on those who violate laws condemning this practice.

97. However, the Special Rapporteur points out that the World Movement of Mothers, based in Paris, has provided no information on measures taken or to be taken to combat this practice that it so vigorously condemns.

98. The International Federation of Human Rights sent a communiqué on FGM published by its Egyptian affiliate. This communiqué concerns the campaign launched by the Egyptian Human Rights Organization on 10 October 1996 against FGM to make the population of the poor areas and suburbs of Cairo aware of the problem.

99. As part of this campaign, a questionnaire on the decision of the Egyptian Ministry of Health forbidding FGM was distributed to 50 women between 24 and 50 years of age. The result of the questionnaire shows that those canvassed were in favour of the decision. The NGO therefore decided to broaden its field of research and to collect data in order to round out its study of FGM in Egypt for publication.

100. These activities, following the Plan of Action, are to be encouraged especially as, in August 1996, the Egyptian Human Rights Organization published a press release condemning the death of a girl of 14 resulting from genital mutilation.

101. While welcoming the ministerial decree condemning the practice of FGM in hospitals and clinics, the NGO nonetheless felt that further measures had to follow, as a revision of these practices which were believed to be religious was crucial. Those who still support these practices refer to custom and precept to justify them. This important problem will have to be studied in the proper manner and opened to a discussion in which the Egyptian media would have a major role to play.

102. The Organization earnestly called on the Doctors' Association to raise and discuss the question of FGM from a medical viewpoint and to try to reach a professional consensus on the prohibition of the operation by doctors whatever the circumstances.

103. The Special Rapporteur, while welcoming these meritorious and courageous attitudes, notes that, as far as the above-mentioned questionnaire is concerned, 90 per cent of all the women questioned already had mutilated daughters and the only girl not yet circumcised had not undergone the mutilation simply because she had not yet reached the required age.

104. The fact nonetheless remains that the Egyptian Human Rights Organization is deserving of financial and material support in its efforts to make people more aware, as the battle being waged against the practice has barely begun. Indeed, the Special Rapporteur has just received a press release dated 20 May 1997 from Cairo that states that the highest civil court in the land had recommended the legalization of female circumcision while admitting that the practice was not mandatory under Islam. The Council of State has appealed to the Cairo Administrative Court on this so that an opinion may be handed down on the decision that was adopted by the Ministry of Health and implemented in June 1996. The release points out that the Cairo court that has to hand down an opinion on that decision nearly always follows the recommendations of the Council. Accordingly, the prohibition on hospitals and clinics mutilating young girls is likely to be rescinded.

105. The Council of State has been warned by a group of Islamist doctors and lawyers that accuse the Minister of having violated Islam and claim that the practice is important to curb the sexual appetite of women. It should be mentioned that nearly 3,600 Muslim and Copt girls are subjected to female genital mutilation in Egypt each day.

106. Sheikh Mohammed Sayyed Tantaoui, Sheikh El Azhar on whom the hopes of the female anti-circumcision lobby rest, while declaring that Islam made no mention of this practice, does say that it is up to doctors to decide whether or not the operation is necessary. This is particularly disappointing for that declaration runs counter both to the Government's decision forbidding doctors to circumcise young girls and the position they themselves had adopted before being appointed to the highest religious body in the country.

107. The International Planned Parenthood Federation whose headquarters are in London, in October 1996 held a round table in Copenhagen on the theme "The IPPF Charter on Sexual and Reproductive Rights". Participants from several specialized agencies and specialists in human rights and sexual and reproductive rights attended.

108. After a lively and forthright debate, the participants unanimously adopted a declaration for broad distribution especially through the media and over the Internet. In that declaration, an appeal was made to all family-planning associations and their allies, calling on them to identify problems requiring direct action at national level and asking them to make their respective societies aware of the ills of harmful traditional practices that run counter to the most elementary of sexual and reproductive rights.

109. The Secretary-General of the International Planned Parenthood Federation was charged with preparing a plan of action for the implementation, by family planning associations and the Secretariat, of the recommendations contained in the declaration, including those relating to harmful traditional practices.

110. The Organization has asked the Centre for Human Rights to lend its support. The Special Rapporteur hopes that, with respect to harmful traditional practices, the Centre will be able to provide the Organization with all the material it has which could be useful to the Federation in its activities.

111. The Commonwealth Medical Association provided information on the round table it held in New York from 23 to 26 January 1997 on "Medical ethics and women's health including reproductive and sexual health as a human right". Two members of the Committee for the Elimination of Discrimination Against Women and representatives of the Division for the Advancement of Women, WHO and UNICEF participated in that meeting.

112. The main objective of the round table, following-up on the interregional round table held in Toronto, Canada, in September 1996, was to monitor the manner in which ethical medical directives protected human rights. The participants in that meeting based their discussion on the recommendations made by the round table on human rights treaty bodies in respect of women's health and more especially reproductive and sexual health (Glen Gove, United States of America, December 1996).

113. The participants decided to set up three working groups. The second of these groups was to discuss "ethics and their implications for human rights problems relating specifically to women's health". During the discussion of this subject, participants tried to reach an agreement on the thorny ethical problem of how for and in which circumstances health professionals (where not legally obliged to do so) must report cases of rape, sexually transmissible diseases, including AIDS, and harmful traditional practices. The Special Rapporteur notes that the obstacle seems to have been overcome, as one of the articles of the declaration adopted after the discussions stresses that health professionals who know of violations of human rights affecting the health of women are ethically obliged to inform the appropriate authorities about them.

114. It was also stated in the declaration that the involvement of health professionals in practices or procedures harmful to women, such as female genital mutilation, cannot be justified on the pretext that their involvement would make the procedures less dangerous as that would merely result in legitimizing such procedures. The declaration, which touches on all aspects of women's health in relation to human rights and medical ethics, calls on all associations of health professionals to remain vigilant in order to detect any failure on the part of their Governments to meet the women's health commitments into which they have entered, under international human rights instruments.

115. The participants welcomed the recommendation (1.3) calling on the treaty bodies to consider the inclusion of a "female" dimension, and women's health problems in particular, in the review of the general guidelines relating to the State party reports.

116. Another important recommendation (4.3) was highlighted during discussions. That called on United Nations agencies, other United Nations bodies and non-governmental organizations to assist the treaty bodies as appropriate in defining the minimum obligations of States with respect to the provisions of international human rights instruments and in developing guidelines on the questions to be put to States parties when they present their reports.

117. The general discussion concerned health as a human right, as understood after the Vienna, Cairo and Beijing Conferences, while bearing in mind the relevant articles of the Convention on the Elimination of All Forms of Discrimination against Women.

118. The participants agreed that, taken overall, these conferences and the Convention provided a basis on which to build not only the right of women to health but also the enjoyment of good health as a human right and that they exposed the extent of the poverty and economic dependence of women, the limited power exercised by many women over their sexual and reproductive life and their lack of influence over decisions, all of which social factors have a negative effect on their health. Enjoyment of good health is therefore a prerequisite to the exercise of civil, cultural, economic, political and social rights.

119. The many activities of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children are apparent, especially, from the bulletin it publishes regularly with the help of the Government of the Netherlands.

120. The campaign to enhance awareness of the problems of female genital mutilation that is being conducted by the IAC has induced Japanese women to create an organization - "Women's action against female genital mutilation" - so that they can provide African women with their solidarity and support in the battle against harmful traditions. This organization has held two symposia during which the President of the IAC and two African experts presented the socio-cultural, economic and political aspects of the problem of female genital mutilation. Over 600 persons attended those symposia. The general opinion to emerge from the discussions was that Japanese women and men had to look beyond their shores and join with African women in their struggle to liberate themselves from the various forms of violence to which they were subjected.

121. The Sudan National Committee on Traditional Practices, which is a member of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children, considers that the work it has done has produced positive and rapid results where the Sudanese attitude to female genital mutilation and early marriage is concerned.

122. It welcomed the final report submitted by the Special Rapporteur to the Sub-Commission at its forty-eighth session.

123. Inter-African committees are very active in all the countries where they exist and, logistics permitting, the members of the committees travel to the most outlying villages to stimulate awareness of and mobilize especially village headmen, religious figures, circumcision practitioners and elderly persons against female genital mutilation.

124. However, the Special Rapporteur wishes to stress that the dynamism and commitment of the Inter-African Committee and its national committees must be vigorously supported financially, materially and technically by the international community and by the Governments concerned, for the task they have to perform is immense and totally disproportionate to their means.

125. The example set by Canada through the activities of its co-operation agency is deserving of emulation by other countries that have financial bodies of the proportions of the CIDA but which, to date, have neglected the vast field of action constituted by the struggle against traditional practices.

CONCLUSION

126. On analysing the information that has reached her, the Special Rapporteur cannot but refer to the statement of the Assistant Secretary-General for Human Rights at the first session of the Working Group on Traditional Practices that was instituted under Economic and Social Council resolution 1984/34. He then said that over the past 10 years, the growing awareness of traditional practices affecting human rights, and especially the right to health of women and children, had rapidly spread throughout the world community. The complexity of those matters was also becoming ever more apparent. and it would not be possible to side-step either the question of the impact of those practices on the enjoyment of human rights or the problem of their relation with the deeply rooted social values and standards in various parts of the world.

127. That declaration illustrates how far the international community has come and the undeniable success it has had. Today, we can no longer swathe these traditional practices and female genital mutilations in a chaste cloak of social values and standards. It is no longer a case simply of health but of human rights and the violation of those rights.

128. The case of the 1,000 girls restrained against their parents' wishes or the thousands of "slaves of God" cannot under any circumstance go unnoticed. The international community must react if Governments are not prepared to perform the commitments they entered into by ratifying international human rights instruments.

129. To adopt a position in favour of female genital mutilation, as did the highest court of Sierra Leone as referred to above, on the basis of the Constitution, is regrettable regardless of the influence of those who make this practice an untouchable rite.

130. Fourteen years have passed since the adoption by the Sub-Commission of its first resolution on female circumcision. Over the years, what started out as an inquiry, a quest for information, a desire to learn and understand, has become a dynamic and continuous campaign that expresses the disquiet and concern of the international community in the face of the serious dangers of certain traditional practices.

131. The information received and the silence of many States concerned justifies unflinching mobilization both nationally and internationally.

132. The Sub-Commission itself must follow developments very closely for when, in 1993, it agreed to tackle a problem submitted to it by the non-governmental organizations concerned by the consequences of certain traditional practices, it undertook to look to ensure the protection of millions of women and girls whose past has been blighted by domination, prejudice and suffering.